

Doral Dental USA, LLC
12121 North Corporate Parkway, Mequon, WI 53092
(262) 241-7140 or (800) 417-7140
Fax (262) 241-7401
www.doralusa.com
PROVIDER APPLICATION TO PARTICIPATE

Provider Staff Office Checklist

The following documents are **REQUIRED** for credentialing and consideration for participation in the Doral Dental, USA LLC (Doral) network.

- ___ 1. A **COMPLETED** Provider Application that is signed and dated
- ___ 2. A copy of **CURRENT** valid state license to practice dentistry
- ___ 3. A copy of **CURRENT** professional liability insurance policy that indicates carrier name, policy number, expiration date and policy limits
- ___ 4. A copy of professional liability claims history (if applicable)

GENERAL INFORMATION

| | | | | | | |
|-----------------------------|--|-----------------------------|----------------|-----------------------------|--------------------------|-----------------------------|
| Last Name | | First Name | | Middle Initial | Date of Birth (MM/DD/YY) | |
| Primary Office Name | | | Office Contact | | | |
| () Telephone Number | | () Facsimile Number | | Email address | | |
| Primary Office Address | | City | | State | Zip Code | County |
| Secondary Office Name | | Office Contact | | () Telephone Number | | () Facsimile Number |
| Secondary Office Address | | City | | State | Zip Code | County |

| BILLING INFORMATION | |
|---------------------|--|
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| | | | | |
|---|------------------------------|-----------------------------------|--|------------------------------|
| Billing Office Address | | City | State | Zip Code |
| Billing Office Contact Name | Billing Office Contact Title | () Telephone Number | | () Facsimile Number |
| Federal Tax Identification Name (Name to which payments should be made) | | Federal Tax Identification Number | License Plate Number (Applicable for Mobile Units only) | |

If you practice at more than one location, do you require separate checks for each location? Yes ☐ No ☐ If yes, please indicate payment information for secondary office below.

| | | | | |
|---|------------------------------|-----------------------------------|--|----------|
| Billing Office Address | | City | State | Zip Code |
| Billing Office Contact Name | Billing Office Contact Title | Telephone Number | Facsimile Number | |
| Federal Tax Identification Name (Name to which payments should be made) | | Federal Tax Identification Number | License Plate Number (Applicable for Mobile Units only) | |

AMERICAN BOARD CERTIFICATION

| Specialty Board(s) by which you are certified | | | |
|--|----------------|-----------------|----------------------|
| Name | Date Certified | Expiration Date | Recertification Date |
| | | | |

| PRACTICE INFORMATION | |
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|---|---------|------|-------|
| Practice Type (Circle one) Adults Only <input type="checkbox"/> Children Only <input type="checkbox"/> Adults & Children <input type="checkbox"/> If you see children, minimum age _____ | | | |
| List all Hospitals at which you have admitting privileges: | | | |
| Hospital Name | Address | City | State |
| Hospital Name | Address | City | State |

| OFFICE INFORMATION | |
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|------------------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Office Hours Primary Location | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Office Hours Secondary Location | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

Languages spoken at office (Circle all that apply):

☐ English ☐ Spanish ☐ Arabic ☐ Chinese ☐ French German Hmong Hindi Laotian Philippine Vietnamese Other (Please list) _____

Is your office capable of handling hearing or visually impaired individuals? Yes ☐ No ☐ Is your office handicapped accessible? Yes ☐ No ☐

Number of treatment chairs _____ Type of x-ray machine _____ conventional _____ panorex _____

Does your office have a personal computer? Yes ☐ No ☐

LICENSE/IDENTIFICATION NUMBERS

Social Security Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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Medicaid Number

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NPI Individual (National Provider Identifier)

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NPI Group (National Provider Identifier)

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Professional License Number

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State

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Effective Date _____

Expiration Date _____

PROFESSIONAL EMPLOYMENT HISTORY

Chronologically list all present and previous work history related to your professional employment within the past five (5) years.
Please provide a written explanation of any gaps greater than 6 months/

What was your start date at primary location? / ____ / ____ / ____ (day./month/year)

| Hire Date (month/year) | Termination Date (month/year) | Employer | Address Location | Reason for Leaving |
|---------------------------|----------------------------------|----------|------------------|--------------------|
| / | / | | | |
| / | / | | | |

EDUCATION/TRAINING

| Professional School Name | City/State | Degree(s) | Date Received |
|--------------------------|------------|-----------|------------------------|
| | | | |
| Internship/Residency | City/State | Specialty | Beginning/Ending Dates |
| | | | |
| Institution Name | City/State | Specialty | Beginning/Ending Dates |
| | | | |

QUESTIONNAIRE

Please mark with an **X** under the yes/no columns for each question. If you answer **YES** to any of the following questions, please provide us with a detailed explanation in the space provided below.

YES **NO**

- | | | | |
|-------|-------|-----|---|
| _____ | _____ | 1. | Has your Dental License been limited, suspended, denied, revoked, restricted, subject to probationary conditions, or have proceedings been instituted against you? |
| _____ | _____ | 2. | Have you voluntarily relinquished, reduced, restricted, or otherwise limited your dental license in any jurisdiction? |
| _____ | _____ | 3. | Have you been reprimanded or disciplined by any State or Commonwealth Department of Regulation and Licensure of the Dental Examining Board? |
| _____ | _____ | 4. | Has your participation for receiving payment under the Medical Assistance, Medicaid, or Medicare program been suspended or limited or have you voluntarily terminated your participation? |
| _____ | _____ | 5. | Have you been convicted of any criminal offenses, pending or otherwise, other than a minor traffic violation? |
| _____ | _____ | 6. | Have you had a judgment made against you for alleged malpractice, negligence, or related matters? Are any cases pending? |
| _____ | _____ | 7. | Have you had any judgments made against you in a professional liability case or has your liability insurer placed any conditions or restrictions on your coverage or ability to attain coverage? |
| _____ | _____ | 8. | Have any litigation settlements been made on your behalf? |
| _____ | _____ | 9. | Are you, or have you been, under the treatment for the use of narcotics, barbiturates, alcohol, or other drugs? |
| _____ | _____ | 10. | Do you presently have any physical or mental condition that would adversely affect your ability to provide high quality professional services? Are there any accommodations that need to be considered? Please list accommodations below. |
| _____ | _____ | 11. | Has your participation with a managed care organization, other health care organization or hospital privileges been suspended, limited, or terminated? |
| _____ | _____ | 12. | Has your Drug Enforcement Agency (DEA) registration been denied, revoked, suspended, not renewed or have you voluntarily surrendered, reduced, or limited your DEA registration? (If you do not have a DEA or your DEA does not list <u>all</u> schedules 2, 2N, 3, 3N, 4, and 5; please provide an explanation) |
| _____ | _____ | 13. | Are you currently using illegal drugs? |

(If you need additional space, please attach separate sheets)

Dentist Name: (Please Print) _____

Dentist Signature _____ Date _____

CERTIFICATION, STATEMENTS, AND SIGNATURE

I hereby acknowledge that the information provided in this application is material to the determination by DORAL whether or not to execute an agreement with me. I hereby represent and warrant that all information provided herein is true to the best of my knowledge, and I agree to notify DORAL in the event an error is discovered or when new events occur which alter the validity of any response herein. I hereby authorize DORAL to consult with individuals or institutions with which I have been associated and with others, including but not limited to past and present malpractice carriers, educational institutions, and state licensing boards, who may have information bearing on my professional competence, character and ethical qualifications and authorize the release of any such written or oral verification as needed by DORAL. I hereby release from liability for any such entity, institution or organization that provides information as part of the application process.

I certify that:

- * All parties of material interest have been identified and include no persons or entities with a potential for profit from self-referral,
- * All services are provided by and under the “on Premise” supervision of a licensed dentist,
- * The above information is complete, correct and true to the best of my knowledge,
- * My malpractice information is current at the time of the application and the limits are at the minimum amounts required by the State and Doral.

Signed by: _____
Principal

Date: _____

Please print name: _____

All applications are subject to review and approval by DORAL.

All information contained in a credentialing file will be held in strict confidence, and available for review by only duly authorized employees of Doral Dental USA, LLC, DMAS, and/or third party review organizations (i.e. NCQA, etc.) Practitioner has the right to obtain a copy of their credentialing file, by submitting a written, signed request to the Supervisor of Credentialing at the corporate headquarters for Doral Dental USA, LLC. Any corrections, additions, or clarifications to these files must be submitted in writing to the Supervisor of Credentialing. The practitioner has the right, upon request, to be informed of the status of their credentialing or recredentialing application via phone, fax, or mail. If the Credentialing Committee recommends the acceptance of an application with restrictions, denial of an application, or discipline or termination of a practitioner, written notification will be issued within 30 days of that decision. The practitioner then has 30 days from the date of the notice to submit a written appeal of that decision. Appeals should be addressed to the Credentialing Committee, Doral Dental USA, LLC and sent to Doral’s corporate address.

In the event that a dentist’s application for participation is rejected or limited for reasons pertaining to the applicant’s professional conduct or competence, Doral is required to submit a report to DMAS. DMAS will submit a report to the National Practitioner Data Bank and the state licensing board as required by law.

FOR DORAL USE ONLY

Initial Entry By: _____ Date: _____

Final Entry By: _____ Date: _____

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Commonwealth of Virginia
Department of Medical Assistance Services
Smiles for Children Program
Participation Agreement

If re-enrolling, enter Medicaid Provider Number here→

Check this box if requesting new number→

This is to certify:

PAYMENT/CORRESPONDENCE ADDRESS

PHYSICAL ADDRESS
(REQUIRED IF DIFFERENT FROM PAYMENT ADDRESS)

INDIVIDUAL
NAME

ATTENTION

ADDR LINE 1

ADDR LINE 2

CITY, STATE,
ZIP

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on this _____ day of _____, _____ agrees to participate in the Smiles for Children Program, the Department of Medical Assistance Services (DMAS), the legally designated State Agency for the administration of Medicaid, FAMIS and FAMIS Plus.

1. The provider is authorized to practice under the laws of the state in which he is licensed and practicing and is not as a matter of state or federal law disqualified from participating in the Program.
2. Services will be provided without regard to age, sex, race, color, religion, national origin, or type of illness or condition. No handicapped individual shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination in (Section 504 of the Rehabilitation Act of 1973 29 USC.794) DMAS.
3. The provider agrees to keep such records as DMAS determines necessary. The provider will furnish DMAS on request information regarding payments claimed for providing services under the State Plan. Access to records and facilities by authorized DMAS representatives and the Attorney General of Virginia or his authorized representatives, and federal personnel will be permitted upon reasonable request.
4. The provider agrees that charges submitted for services rendered will be based on the usual, customary, and reasonable concept and agrees that all requests for payment will comply in all respects with the policies of DMAS for the submission of claims.
5. Payment made by DMAS constitutes full payment except for patient pay amounts determined by DMAS, and the provider agrees not to submit additional charges to the recipient for services covered under DMAS. The collection or receipt of any money, gift, donation or other consideration from or on behalf of a medical assistance recipient for any service provided under medical assistance is expressly prohibited.
6. The provider agrees to pursue all other available third party payment sources prior to submitting a claim to DMAS.
7. Payment by DMAS at its established rates for the services involved shall constitute full payment for the services rendered. Should an audit by authorized state or federal officials result in disallowance of amounts previously paid to the provider by DMAS, the provider will reimburse DMAS upon demand.
8. The provider agrees to comply with all applicable state and federal laws, as well as administrative policies and procedures of DMAS as from time to time amended.
9. This agreement may be terminated at will on thirty days' written notice by either party or by DMAS when the provider is no longer eligible to participate in the Smiles for Children Program.
10. All disputes regarding provider reimbursement and/or termination of this agreement by DMAS for any reason shall be resolved through administrative proceedings conducted at the office of DMAS in Richmond, Virginia. These administrative proceedings and judicial review of such administrative proceedings shall be pursuant to the Virginia Administrative Process Act.
11. This agreement shall commence on _____. Your continued participation in the Smiles for Children Program is contingent upon the timely renewal of your license. Failure to renew your license through your licensing authority shall result in the termination of your Smiles for Children Participation Agreement.

For First Health's use only

Director, Division of Program Operations

Date

For Provider of Services:

Original Signature of Provider

Date

Provider Specialty

____ City OR ____ County of _____

Board License Number

(Area Code) Telephone Number

IRS Identification Name (Required)

IRS Identification Number (Required)

UPIN

Medicare Carrier and Vendor Number

Smiles for Children Program
Administered by DORAL DENTAL USA, LLC
DENTAL PROVIDER SERVICE AGREEMENT

THIS AGREEMENT, effective as of the date executed by Doral, ("Effective Date"), is made between THE VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES, (hereinafter referred to as "DMAS") and DORAL DENTAL USA, LLC (hereinafter referred to as "Doral") and _____
(hereinafter referred to as "Provider"). (Entity Name as appears on W-9)

On the Effective Date, this Agreement supersedes and replaces any existing agreements between the parties relating to the provision of dental services to Members.

RECITALS

WHEREAS, Doral is a limited liability company qualified to do business in Virginia, which has as its primary objective the delivery of dental services to Members of the "*Smiles For Children*" program, operated under the direction of DMAS;

WHEREAS, Provider, has an unrestricted license to practice dentistry in the Commonwealth of Virginia and desires to provide dental services pursuant to the terms and conditions of this Agreement;

WHEREAS, DMAS, Doral and Provider desire to enter into this agreement in order to facilitate streamlined administration of the agreement and to comply with requirements of federal and state law;

NOW, THEREFORE, in consideration of the above and the promises hereinafter contained, the parties hereby agree as follows:

1. **DEFINITIONS** As used in this Agreement, the following terms shall have the following respective meanings. All other capitalized terms used herein but not defined shall have the meanings set forth in the Agreement.
 - (a) "Agreement": This Agreement between Doral acting on behalf of the "*Smiles For Children*" program and Provider, including all attachments hereto.
 - (b) "Appeal Procedure": The process whereby a Provider exercises their right to contest verbally or in writing any adverse action taken by Doral to deny, reduce, terminate, delay or suspend a Covered Service.
 - (c) "Covered Service": A dental health care service or supply, including those services covered through the Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) program that satisfies all of the following criteria:
 - (1) is medically necessary;
 - (2) is covered under the "*Smiles For Children*" program ;
 - (3) is provided to an enrolled Member by a Participating Provider; and
 - (4) is the most appropriate supply or level of care that is consistent with professionally recognized standards of dental practice within the service area and applicable policies and procedures.
 - (d) "DMAS": The Virginia Department of Medical Assistance Services.
 - (e) "Emergency Services": Covered dental services furnished by a qualified provider that are needed to evaluate or stabilize an emergency medical condition that is found to exist using the prudent layperson standard.
 - (f) "EPSDT": The Early and Periodic Screening, Diagnosis and Treatment program for persons (under age 21) refers to the early and periodic screening, diagnosis and treatment of enrollees under age 21 made pursuant to 42 U.S.C. Sections 1396a(a)43, 1396d(a) and (r) and 42 C.F.R. Part 441, Subpart B

to ascertain children's individual physical and mental illness and conditions discovered by the screening services, whether or not such services are covered.

- (g) "Member or Enrollee": Any individual who is eligible to receive Covered Services provided for under the "*Smiles For Children*" program.
- (h) "The Commonwealth": The Commonwealth of Virginia.
- (i) "Claim": Means any bill or claim made by or on behalf of an enrollee or the Dentist to Doral under the agreement for payment for Dental Services under the *Smiles for Children* program
- (j) "Clean Claim": Means a claim that can be processed without obtaining additional information from the provider of the service or from a third party. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.
- (k) "Participating Provider or Provider": A dental professional or facility, including Provider Dentist, that has a written participation agreement in effect with DMAS and Doral, to provide dental services to members of the "*Smiles for Children*" program.
- (l) "Provider Dentist": A Doctor of dentistry, duly licensed and qualified under the laws of the Commonwealth of Virginia, who practices as a shareholder, partner, or employee of Provider.
- (m) "Smiles For Children": The name of the dental program provided to Virginia Medicaid, FAMIS and FAMIS Plus enrollees, administered by Doral, under the direction of DMAS.
- (n) "Usual and Customary": The fee that an individual dentist most frequently charges the general public for a given dental service.

2. SERVICES

- (a) Provider agrees to provide necessary and appropriate dental services within the scope of their licensure to eligible "*Smiles For Children*" members. Provider agrees, warrants and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Agreement or in the employment practices of Provider on the grounds of disability, age, race, color, religion, sex, national origin, economic status, payment source, or any other classification protected by Federal, Commonwealth of Virginia constitutional, or statutory law.
- (b) Provider agrees to comply with all applicable federal and state laws relating to non-discrimination and equal employment opportunity, including the Civil Rights Act of 1964, regulations issued pursuant to that Act and provision of Executive Order 11246 dated September 26, 1965. Provider agrees to provide physical and program accessibility of dental services to persons with physical and sensory disabilities pursuant to Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by any applicable DHFS regulations (45 C.F.R. Part 84) of HCFA regulation (42 C.F.R. Parts 417 and 434) and all guidelines and interpretations issued pursuant thereto.

- (c) Provider may designate the extent to which he/she will participate in the Smiles For Children program, ie; Provider may set panel size maximum. Provider shall notify Doral of any such limitations.
- (d) Provider may not refuse to provide necessary and appropriate dental services to eligible “*Smiles for Children*” Members covered under this Agreement for medical or non-medical reasons. However, Provider shall not be required to accept or continue treatment of a Member with whom Provider feels he/she cannot establish and/or maintain a professional relationship, or is beyond the scope of Provider’s expertise or ability.
- (e) Provider may render Emergency Services to “*Smiles for Children*” Members without the requirement of an authorization.
- (f) Provider agrees that under reasonable, routine circumstances, appointment times shall be the usual and customary not to exceed six (6) weeks for regular appointments and forty-eight (48) hours for urgent care. Wait times shall not exceed forty-five (45) minutes.

3. COMPENSATION Provider agrees:

- (a) Provider agrees to accept “*Smiles For Children*” reimbursement amounts established by DMAS and provided in Attachment A for services provided under this Agreement between Provider and Doral to “*Smiles For Children*” enrollees. Provider shall not solicit or accept any surety or guarantee of payment from Member in excess of the amount of applicable co-payments
- (b) Except as expressly allowed herein, that in no event including, but not limited to non-payment or insolvency of Doral or any breach of this Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against Members or persons acting on their behalf for services provided pursuant to this Agreement. Provider further agrees that this provision shall survive the termination of the Agreement regardless of the cause, giving rise to termination.
- (c) That they shall hold the “*Smiles for Children*” Members harmless and shall not bill the Member for non-covered services if the services are not covered as a result of any error or omission by Provider.
- (d) A Provider shall be permitted to charge an eligible “*Smiles For Children*” Member for dental services which are not covered services only if the Member knowingly elects to receive the services and enters into an agreement in writing to pay for such services prior to receiving them. Non-covered services include: services not covered under the “*Smiles For Children*” plan; services for which pre-authorization has been denied and deemed not medically necessary; and services which are provided out-of-network.

4. SUBMISSION OF CLAIMS Provider shall submit claims for “*Smiles for Children*” dental services to Doral in a manner and format prescribed by DMAS and Doral. The preferred method of claims submission is via electronic means. Participating Providers shall submit claims on a standard ADA claim form or in a format that has been approved by Doral in advance for all Covered Services, which claims must be received by Doral not more than 180-days after the date on which those services are rendered. Claims received by Doral after this 180-day period shall be denied for payment. Participating Providers shall submit claims using the most recent medical service codes and procedures listed in the Current Dental Terminology (CDT-5). Participating Provider shall code all bills in a manner, which accurately reflects the services performed.

- (a) Doral will pay claims submitted by any dentist or on any dentists behalf that participates in the “*Smiles for Children*” program within 30 days of receipt of the claim except where Doral’s obligation to pay the claim is not reasonably clear due to the existence of a reasonable basis supported by specific information available for review by the person submitting the claim that:

1. Doral has determined that the claim is not a clean claim due to a good faith determination or dispute regarding (i) the manner in which the claim form was completed or submitted, (ii) the eligibility of a person for coverage, (iii) the responsibility of another carrier for all or part of the claim, (iv) the amount of the claim or the amount currently due under the claim (v) the benefits covered, or (vi) the manner in which services were accessed or provided; or the claim was submitted fraudulently.
2. Doral will pay a claim if Doral has previously authorized the dental services or has advised a dentist or enrollee in advance that the provision of dental services are medically necessary and a covered benefit, unless:
 - i. The documentation for the claim provided by the person submitting the claim clearly fails to support the claim as originally authorized; or
 - ii. Doral's refusal is because (i) another payer is responsible for the payment, (ii) the Dentist has already been paid for the dental services identified on the claim, (iii) the claim was submitted fraudulently or the authorization was based in whole or in part on erroneous information provided to Doral by the dentist, member, or other person not related Doral, (iv) the person receiving the dental services was not eligible to receive them on the date of service and Doral did not know, and with the exercise of reasonable care could not have known, of the person's eligibility status.
 - iii. The date of service is outside of 90 days of the date of authorization approval, and Provider has not requested an extension of such authorization.
3. Doral will only consider an adjustment to a previously submitted claim if it is re-submitted within 12 months after the original claim was paid. Doral will not pay a claim or make an adjustment submitted after the end of these timely filing periods.

5. **COMPLIANCE WITH "Smiles for Children" PROTOCOLS** Provider agrees to comply with any and all policies, rules and regulations of the "Smiles for Children" program as they may exist from time to time including credentialing standards established by DMAS and Doral, the timeliness of claims submission, prior approval processes for certain dental procedures and network rules. Provider agrees to refer patients that require covered specialty services (oral surgery, endodontics, prosthetics, pediatrics, periodontics, and orthodontics) that Provider does not perform only to dental specialists designated by Doral or DMAS to provide such services.

6. **INSURANCE** Provider shall procure and maintain all necessary liability, worker's compensation and malpractice insurance consistent with Virginia State requirements. Provider shall provide evidence of such coverage to Doral upon the execution of this Agreement and thereafter as requested by Doral or DMAS.

7. **QUALIFICATION** PROVIDER WARRANTS AND REPRESENTS:

- (a) That they are licensed to practice dentistry in the Commonwealth of Virginia, and that they will maintain such license in good standing and will provide "Smiles for Children" a copy of said license upon execution of this Agreement.
- (b) That they possesses the education, skills, training, physical and mental health status, and other qualifications necessary to provide quality dental patient care.
- (c) That they will provide dental care, which meets or exceeds the average standard of care for dentists practicing in the region and will comply with all standards for dentists as established by any State or Federal law or regulation.

- (d) That they will comply with continuing education standards promulgated by the Commonwealth of Virginia, Dental Examining Board.
- (e) That they will mail to Doral, upon request, a copy of State licensure and DEA certification (if applicable). Provider agrees to forward such information no later than thirty (30) days after request is received from Doral.
- (f) That they will cooperate and provide information necessary to meet Doral and DMAS credentialing standards.
- (g) If Provider performs laboratory services, that all applicable requirements of the Clinical Laboratory Improvement Act of 1988 ("CLIA") must be met.

8. DENTAL RECORDS and RE-EVALUATION Provider agrees:

- (a) To cooperate and provide Doral and/or DMAS, or any external review organization approved by DMAS and/or any organization authorized by statute to investigate violations within the Medicaid, FAMIS or FAMIS Plus program with access to Member's dental records for the purposes of quality assessment, service utilization and quality improvement or investigation of Member complaints or grievances. The Provider further agrees to provide such information, including but not limited to encounter, utilization, referral and other data, that Doral may require to be submitted to it for compliance with its own data reporting requirements or as required by DMAS.
- (b) To cooperate with the re-evaluation of their credentials at such intervals as Doral or DMAS shall determine.
- (c) That Doral and DMAS shall have the right to evaluate through inspection, whether announced or unannounced, or by other means, any records pertinent to this Agreement including quality, appropriateness and timeliness of services, and such evaluation, when performed, shall be performed with the cooperation of the Provider. Upon request, Provider shall assist in such reviews including but not limited to the provision of complete copies of dental/medical records.
- (d) That should a Member cease to seek services from Provider, Provider shall make available upon request, at no cost to the Member or Member's new dental provider, a copy of all the Member's dental/medical records.
- (e) That any and all Member records will be maintained the greater of a period not less than five (5) years or the minimum required by the State, from the termination of this Agreement, and retained further if such records are under review or audit until such review or audit is complete. Said records shall be made immediately available for fiscal audit, medical audit, medical review, utilization review and other periodic monitoring upon request of authorized representatives of Doral or DMAS.
- (f) To allow Members and their authorized representatives access to and copies of the Members' medical records to the extent and in the manner provided by law.
- (g) Provider shall safeguard all information about Members according to applicable state and federal laws and regulations. All material and information, in particular information relating to Members or potential Members, which is provided to or obtained by or through Provider's performance under this Agreement, whether verbal, written, tape, or otherwise, shall be reported as confidential information to the extent confidential treatment is provided under state and federal laws. Provider shall not use any information so obtained in any manner except as necessary for the proper discharge of his/her obligations and securement of his/her rights under this Agreement. Neither Doral, DMAS nor Provider shall share confidential information with a Member's employer absent the Member's consent for such disclosure. Provider agrees to comply with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA") relating to the exchange of information and

shall cooperate with Doral and DMAS in its efforts to ensure compliance with the privacy regulations promulgated under HIPAA and other related privacy laws. Provider and Doral further agree that, to the extent HIPAA or such implementing regulations require amendment(s) hereto, Provider and Doral shall conduct good faith negotiations to amend this Agreement.

9. IMMUNITY Provider agrees:

- (a) That any act, communication, report, recommendation, or disclosure, with respect to the Provider, performed or made in good faith and without malice and at the request of any authorized representative of “*Smiles for Children*” program, for the purpose of achieving and maintaining quality dental patient care shall be privileged to the fullest extent permitted by law.
- (b) That there shall be, to the fullest extent permitted by law, absolute immunity from civil liability arising from any such act, communication, report, recommendation or disclosure, even where the information involved would otherwise be deemed privileged.
- (c) That such immunity shall apply to all acts, communication, reports, recommendations, or disclosures performed or made in connection with “*Smiles for Children*” program’s activities related, but not limited to:
 - (1) Applications for Dental Provider Service Agreements.
 - (2) Periodic reappraisals of Dental Provider Service Agreements.
 - (3) Corrective action, including termination by Doral or DMAS of Dental Provider Service Agreement.
 - (4) Dental care evaluations.
 - (5) Utilization review, and,
 - (6) Other “*Smiles for Children*” activities related to quality patient care and professional conduct.
- (d) That the acts, communications, reports, recommendations, and disclosures referred to in this Section 9, may relate to a Provider's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on dental patient care.

10. ADMINISTRATIVE Provider agrees:

- (a) To comply with the Doral and DMAS Quality of Care standards set forth in the Office Reference Manual.
- (b) That Doral shall monitor the quality of services delivered under Agreement and initiate corrective action where necessary to improve quality of care, in accordance with that level of dental care which is recognized as acceptable professional practice in the respective community in which the provider practices and/or the standards established by DMAS. Provider agrees they will comply with corrective actions plans initiated by Doral and/or DMAS.
- (c) To promptly disclose to Doral any information regarding their professional capacity that may or could have a detrimental impact on DMAS, Doral or Member.
- (d) Provider understands that any and all changes in the Provider's legal and contractual relationship to and with Provider's clinic partners, who are also party to this Agreement must be communicated in writing to Doral, or Doral and/or DMAS may elect to terminate this Agreement pursuant to the termination provisions herein.

- (e) To cooperate in providing for effective implementation of the provisions of Doral's dental insurance contracts relating to the coordination of benefits and other third-party claims.

11. PROVIDER DENTIST

- (a) Provider shall supply all information requested by “*Smiles for Children*” program for the purpose of credentialing Provider Dentists, and Provider Dentists must be approved for participation by Doral in writing before rendering Covered Services to Members.
- (b) Provider Dentist shall have the rights and obligations provided in the Agreement, and understands that certain provisions of the Agreement shall also be individually binding on Provider Dentists, and that Doral and/or DMAS may require performance of all provisions by Provider Dentist. Provider Dentist also understands that Doral, DMAS, and Provider may amend the Agreement without right or review by or approval of Provider Dentist.
- (c) Provider Dentist agrees to look solely to Provider for reimbursement of Covered Services, where Provider is designated as payee pursuant to Agreement, as applicable.

- 12. PROVIDER LISTING** Provider agrees, that “*Smiles for Children*” may list him/her as a participating dental provider by telephone number, name, office hours, identification of Virginia license, office address, and panel status in its provider directories and similar documents.

13. INDEMNIFICATION

- (a) Doral and Provider agree that if either party is without fault and is held liable for the acts of the other arising out of the rendering or failure to render professional services, their rights to indemnity or contribution as provided by the applicable laws for the Commonwealth of Virginia may be pursued in accordance with such laws.
- (b) Provider shall indemnify and hold harmless the Commonwealth of Virginia as well as its officers, agents and employees (hereinafter the “Indemnified Parties”) from all claims, losses or suits incurred by or brought against the Indemnified Parties as a result of the failure of Provider to comply with the terms of the Provider Agreement.
- (c) Provider shall indemnify and hold harmless the Indemnified Parties as well as their officers, agents and employees from all claims or suits which may be brought against the Indemnified Parties for infringement of any laws regarding patents or copyrights which may arise for Provider’s performance under the Provider Agreement. In any such action brought against the Indemnified Parties, Provider shall satisfy and indemnify the Indemnified Parties for the amount of any final judgment for infringement.

14. RESOLUTIONS AND DISPUTES

- (a) If a dispute arises between the parties involving a contention by one party that the other has failed to perform its obligations and responsibilities under this Agreement, then the party making such contention shall promptly give notice to the other. Such notice shall set forth in detail, the basis for the party’s contention, and shall be sent by Certified Mail-Return Receipt Requested. The other party shall within thirty (30) calendar days of receipt of the notice provide a written response seeking to satisfy the party that gave notice regarding the matters as to which notice was given. Following such response, or the failure of the second party to respond to the complaint of the first party within thirty (30) calendar days, if the party that gave notice of dissatisfaction remains dissatisfied, then the

party shall so notify the other party and the matter shall be promptly submitted to inexpensive and binding arbitration or request review by an independent review organization.

- (b) Participating Providers that disagree with determinations made by the Doral dental directors may submit a written Notice of Appeal to Doral that specifies the nature and rationale of the disagreement. This notice *and* additional support information must be sent to Doral at the address below within 30 days from the date of the original determination to be reconsidered by Doral's Virginia Peer Review Committee.

Doral Dental USA, LLC
Attention: Utilization Management/Provider Appeals
12121 N. Corporate Parkway
Mequon, WI 53092

All notices received shall be submitted to Doral's Virginia Peer Review Committee for review and reconsideration. The Committee will respond in writing with its decision to the Provider. Upon completion of the Doral appeal process the Participating provider may appeal to the Department of Medical Assistance Services (DMAS). The appeal must be in writing and sent to DMAS within 30 days from the final appeal decision letter from Doral. Appeals to DMAS must be sent to the following address:

Director
Appeals Division
Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

15. TERM AND TERMINATION

- (a) Term. This Agreement shall begin on the Effective Date and shall remain in effect unless terminated in accordance with the terms of this Agreement.
- (b) Events upon Termination. In the event of termination of the agreement between Doral and the Commonwealth of Virginia for the provision of services under the "*Smiles For Children*" Program, this Agreement may be terminated immediately and Provider shall make available upon request, to DMAS, or its designated representative, in a useable form, a copy of any or all records, whether medical, dental or financial, related to Provider's activities undertaken pursuant to this Agreement. The provision of such records shall be at no expense to the DMAS or Doral.
- (c) Termination. This Agreement may be terminated as follows:
 - (1) By Doral or Provider, without cause, upon 30 days prior written notice.
 - (2) By either party, in the event of a material breach of this Agreement by the other party, upon 90 days prior written notice to the other party.
 - (3) By Doral or DMAS immediately upon Provider's death, loss or suspension of licensure or certification; or loss of liability insurance, failure to cooperate with Doral in the provision of cost-effective, quality services to Members; failure to cooperate with and abide by the provisions of Doral's quality assurance, credentialing, utilization management, or Member grievance systems, or is found to be harming Members,
 - (4) By Provider upon written notice to Doral 30 days prior to the effective date of any

amendment made to this Agreement pursuant to Section 16 (c).

16. MISCELLANEOUS

- (a) The relationship created hereunder is one of an independent contract and not one of employment or agency.
- (b) This Agreement is not an exclusive contract and Doral may contract with other providers of dental services. Provider may contract with other dental plans. This Agreement shall be regarded as confidential and its terms or contents shall not be disclosed to any other party, except the legal or financial representative of Provider, without the consent of Doral.
- (c) Doral and/or DMAS may amend or restate this Agreement by sending a copy of the proposed amendment or restated agreement to Provider at least thirty (30) days prior to its effective date. If Provider does not object to the implementation of such amendment or restated agreement within such thirty (30) day notice period, Provider shall be deemed to have accepted the proposed amendment or restated agreement as of the end of the thirty (30) day notice period. In the event Provider objects within the thirty (30) day notice period, by providing written notice to Doral, the parties shall confer in good faith to reach agreement. If such agreement cannot be reached, either Doral or Provider may terminate this Agreement as specified herein.
- (d) The waiver by either party of a breach of violation of any provision of the Agreement shall not operate as or be construed to be a waiver of any subsequent breach hereof.
- (e) This Agreement incorporates by reference all applicable federal and state laws, regulations, guidelines and court orders. The revision of any applicable federal or state laws, regulations, guidelines or court orders shall automatically be incorporated into this Agreement, as they become effective. In the event that changes in the Agreement as a result of revisions and applicable federal or state laws, regulations, guidelines or court orders materially affect the position of either party, Doral and Provider agree to negotiate such further amendments as may be necessary to correct any inequities. The invalidity or unenforceability of any term of condition shall in no way affect the validity or enforceability of the remainder of this Agreement.
- (f) Doral or DMAS may assign this Agreement immediately upon written notice to Provider. Provider must obtain Doral's and DMAS' prior written consent to assign this Agreement.
- (g) This Agreement, which includes the affixed Attachments, represents the entire agreement between the Parties on the subject matter hereof and supersedes all prior discussions, agreements and understandings between them. In the event any requirement in this Agreement is inconsistent with a term in a controlling contract between Doral and a government payor, including, but not limited to, DMAS, such requirement shall be null and void and all other provisions shall remain in full force and effect.
- (h) Any notices required to be given pursuant to the terms and provision hereof shall be sent by mail, addressed to Doral at:

Doral Dental USA, LLC
Smiles for Children Program
Attn: Provider Information
12121 North Corporate Parkway
Mequon, WI 53092

and to the Provider at the address below or as he/she may otherwise notify Doral in writing.

- (i) All words used herein in the singular number shall extend to and include the plural. All words used in the plural numbers shall extend to and include the singular. All words used in any gender shall extend to and include all genders.
- (j) The Provider acknowledges and agrees that nothing in the Agreement shall be construed to limit: (a) the authority of Doral or DMAS to ensure the Provider's participation in and compliance with Smiles for Children Program's quality assurance, utilization management, member grievance and other systems and procedures; (b) DMAS authority to monitor the effectiveness of Doral's systems and procedures or the extent to which Doral adequately monitors any function delegated to a subcontractor, or to require Doral to take prompt corrective action regarding quality of care or Member grievances and complaints; or (c) Doral's or DMAS' authority to sanction or terminate a Provider found to be providing inadequate or poor quality care or failing to comply with Doral's systems, standards or procedures as stated herein.
- (k) Doral shall make every effort to maintain accurate information; however, Doral shall not be held liable for any damages directly or indirectly due to typographical errors. The Provider agrees to immediately notify Doral of any errors found on remittance statements.

IN WITNESS WHEREOF, the parties hereto have executed this “*Smiles for Children*” Provider Agreement on the date written below:

Provider/Clinic Name & Address

DORAL DENTAL USA, LLC

Name _____

Address _____

Phone _____

Tax ID _____

BY: _____
(Signature)

BY: _____
Steven J. Pollock
President

BY: _____
(Please print or type name)

DATE: ____/____/____

DATE: ____/____/____

PROVIDER DENTISTS
(Please type or print)

Please list the name of all individual dentists providing services under the terms of this Agreement.

Dentist Name

Specialty

Dentist Name

Specialty

Dentist Name

Specialty

Dentist Name

Specialty

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ATTACHMENT A

DENTAL PANEL REIMBURSEMENT

1.00 Provider Reimbursement

- 1.01 Provider shall be paid the lesser of billed charges, or 100% of the current “*Smiles for Children*” program fee schedule attached hereto as ATTACHMENT A-1 for the provision of Medically Necessary Covered Services to Members who are served through the Smiles For Children program.
- 1.02 Orthodontic procedures require pre-authorization. The maximum payment on a comprehensive case is \$3509.22. A comprehensive case requires a handicapping malocclusion determined by a minimum Salzmann index score of 25. Case study models shall be reimbursed at \$200.00 per denied case. All adjustments shall be submitted to Doral electronically, or on a standard ADA claim form. Quarterly Adjustments shall be submitted every ninety (90) days. Final adjustments shall be noted as such on the final claim submission for de-banding payment. Cases shall be paid out as follows:

| | | |
|-------|--|-----------|
| D8660 | Case Records (for denied cases only) | \$200.00 |
| D8080 | Banding fee submitted with claim for payment | \$1403.70 |
| D8670 | Quarterly Adjustments submitted with claims (3 Max.) | \$701.84 |

2.00 Utilization Review and Control

- 2.01 DMAS and Doral must provide for continuing review and evaluation of the care and services paid through Title XIX and XXII funds in accordance with Title 42 Code of Federal Regulations, Parts 455 and 456. Therefore, Doral will routinely conduct compliance reviews to ensure that services provided to recipients are medically necessary and appropriate and are provided in accordance with Federal and State regulations, DMAS policy, and the provider’s licensure. Providers will be required to refund payments if they are found to have billed contrary to law, regulation, or DMAS/Doral policy or failed to maintain adequate documentation to support their claims. Providers have the right to appeal these review findings in accordance with the procedures described in Section 14.(b) of this agreement.
- 2.02 Subject to its own discretion, Doral and/or DMAS may periodically investigate instances of suspected fraud or abuse.

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ATTACHMENT A-1
Schedule of Allowable Fees
(Please refer to your Office Reference Manual for the Covered Services)

| Code | Description | Fee | Code | Description | Fee |
|-------------|---|------------|-------------|--|------------|
| D0120 | Periodic Oral Exam | 20.15 | D2710 | Crown Plastic/Acrylic (Lab) | 244.64 |
| D0140 | Limited Oral Exam | 24.83 | D2721 | Crown Resin W/Predom. Base Metal | 500.00 |
| D0150 | Comprehensive Oral Exam | 31.31 | D2722 | Crown Resin W/Noble Metal (Semi-Precious) | 500.00 |
| D0210 | Xray Complete Series Adult | 71.91 | D2751 | Crown Porcelain, Fused to Predominantly Base Metal | 500.00 |
| D0220 | Xray Intraoral Single | 11.18 | D2752 | Crown Porcelain Fused to Noble Metal (Semi-Precious) | 500.00 |
| D0230 | Xray Intraoral Additional | 11.18 | D2791 | Crown, Full cast Predom Base Metal | 500.00 |
| D0240 | Xray Intraoral Occlusal Single | 12.27 | D2792 | Crown, Full Cast Predominantly Noble Metal (Semi-Precious) | 500.00 |
| D0250 | Xray Extraoral Lateral Jaw | 47.19 | D2794 | Crown – Titanium | 500.00 |
| D0260 | Xray Extraoral Ea. Additional | 42.94 | D2915 | Recement Post and Core | 43.46 |
| D0270 | Bitewings single Film | 11.18 | D2920 | Recement Crowns | 43.46 |
| D0272 | Xray Bitewing 2 Films | 20.15 | D2930 | Crown Stainless Stl, Prefab | 136.93 |
| D0274 | Xray Bitewings 4 Films | 27.60 | D2931 | Crown Stnls Stl Crown, Permmt | 136.93 |
| D0330 | Xray Extraoral Panoramic | 53.99 | D2932 | Prefabricated Resin Crown | 128.22 |
| D0340 | Xray Extraoral Cephalometric | 72.02 | D2933 | Prefabricated Stainless Steel Crown with Resin Window | 179.88 |
| D0470 | Diagnostic Models | 52.15 | D2934 | Stainless Steel CR – Esthetic | 179.88 |
| D1110 | Prophylaxis Adult Age 13-20 | 47.19 | D2940 | Sedative Filling | 40.98 |
| D1120 | Prophylaxis Child Age 0-12 | 33.52 | D2950 | Crown Buildup, Including Pins | 110.27 |
| D1203 | Topical Fluoride Child Age 0-12 | 20.79 | D2951 | Pin Retention, In Addition to Res | 19.87 |
| D1204 | Topical Fluoride Adult Age 13-20 | 20.79 | D2952 | Cast Post & Core in Adtn to Crn | 123.06 |
| D1351 | Sealant, Per Tooth | 32.28 | D2954 | Prefab Steel Post & Core in Addi | 110.27 |
| D1510 | Space Maintainer Fixed Unilateral Band Ty | 137.84 | D2962 | Labial Veneer Laminate-Porcelain Lab | 362.06 |
| D1515 | Space Maintainer Fixed Bilateral | 228.49 | D3110 | Pulp Cap Direct | 18.41 |
| D1520 | Space Maintainer Removable Unilateral | 137.84 | D3120 | Pulp Cap Indirect | 18.41 |
| D1525 | Space Maintainer Removable Bilateral | 228.49 | D3220 | Therapeutic Pupotomy | 83.19 |
| D1550 | Recement of Space Maintainer | 53.40 | D3221 | Gross Pulpal Debridement, Primary and Permanent Teeth | 67.49 |
| D2140 | Restor Amalgam 1 Sfc Perm | 59.38 | D3230 | Pupal Therapy, Anterior-Primary | 165.65 |
| D2150 | Restor Amalgam 2 Sfc Perm | 75.53 | D3240 | Pupal Therapy, Post-Primary | 208.59 |
| D2160 | Restor Amalgam 3 Sfc Perm | 89.18 | D3310 | Endodontics Anterior | 375.00 |
| D2161 | Restor Amalgam 4 Sfc Perm | 100.36 | D3320 | Endodontics Bicuspid | 430.00 |
| D2330 | Resin Acid Etch, 1 Surf, Anterior | 74.28 | D3330 | Endodontics Molar | 679.00 |
| D2331 | Resin Acid Etch, 2 Surf, Anterior | 89.18 | D3351 | Apexification Initial Visit | 92.03 |
| D2332 | Resin Acid Etch, 3 Surf, Anterior | 115.27 | D3352 | Apexification-Interim | 61.35 |
| D2335 | Resin Acid Etch, 4+Surf, Anterior | 132.66 | D3353 | Apexification Complete | 404.91 |
| D2390 | Resin-based Composite Crown, Anterior | 158.38 | D3410 | Apicoectomy | 278.17 |
| D2391 | Resin-based Composite – One Surface, Posterior | 74.28 | D3421 | Apicoectomy Biscuspid One Root | 278.17 |
| D2392 | Resin-based Composite – Two Surfaces, Posterior | 89.18 | D3425 | Apicoectomy, Molar One Root | 278.17 |
| D2393 | Resin-based Composite – Three Surfaces, Posterior | 115.27 | D3426 | Apicoectomy, Each Additional | 122.70 |
| D2394 | Resin-based Composite, 4 or more | 127.70 | D3430 | Periapical Retrograde Filling | 61.35 |

| Code | Description | Fee | Code | Description | Fee |
|-------------|--|------------|-------------|---|------------|
| D4210 | Gingivect/Gingivoplast, Per Quad | 340.26 | D5730 | Reline Complete Upper Denture (Chairside) | 202.39 |
| D4211 | Gingivect/Gingivoplast, - One to Three Teeth, Per Quad | 200.00 | D5731 | Reline Complete Lower Denture (Chairside) | 202.39 |
| D4249 | Crown lengthening-hard tissue | 300.00 | D5740 | Reline Upper Partial (Chairside) | 103.06 |
| D4260 | Perioosseous Surgery Per Quad | 527.77 | D5741 | Reline Lower Partial Denture (Chairside) | 103.06 |
| D4261 | Perioosseous Surgery – One to Three teeth, Per Quad | 368.04 | D5750 | Denture Reline-Complete Upper (Laboratory) | 237.14 |
| D4263 | Bone Graft, 1 st Site-Quad | 218.00 | D5751 | Reline Complete Lower Denture (Laboratory) | 237.14 |
| D4264 | Bone Graft, Addtl Site-Quad | 109.00 | D5760 | Dntur Reline Partial Lab Upper | 146.52 |
| D4270 | Pedicle Soft Tissue Graft Procedure | 244.64 | D5761 | Reline Lower Partial Denture (Laboratory) | 146.52 |
| D4271 | Free Soft Tissue Procedure (Including Donor Site Surgery) | 337.43 | D5850 | Tissue conditioning, maxillary | 125.00 |
| D4273 | Subepithelial Soft Tissue Graf | 398.71 | D5951 | Feeding Aid | 391.41 |
| D4320 | Temporary Splint Intracoronal | 146.52 | D6205 | Pontic, Resin Based | 500.00 |
| D4321 | Temporary Splint Extracoronal | 257.06 | D6211 | Pontic-Cast Predominantly Base Metal (Non | 500.00 |
| D4341 | Definitive Scaling and Rt. Pln, Per Q | 93.14 | D6212 | Pontic-Cast Predominantly Base Metal (Non | 500.00 |
| D4342 | Periodontal Scaling and Root Planing-1 to 3 Teeth per Quad | 49.08 | D6214 | Pontic- Titanium | 500.00 |
| D4355 | Debridement per Quad | 19.57 | D6241 | Pontic- Porcelain Fused Predominantly Base Metal | 500.00 |
| D4910 | Perio. Maintenance Following Active T | 62.09 | D6242 | Pontic- Porcelain Fused Noble Metal | 500.00 |
| D5110 | Denture Complete Upper | 674.85 | D6251 | Pontic Resin with Predominantly Base Metal | 500.00 |
| D5120 | Denture Complete Lower | 674.85 | D6252 | Pontic Resin with Noble Metal (Semi-Preci | 500.00 |
| D5211 | Upper Partial Acrylic Base (Including Any | 660.65 | D6545 | Cast Metal Retainer For Bonded Bridge | 293.56 |
| D5212 | Lower Partial Acrylic Base (Including Any | 660.65 | D6710 | Crown, Resin Based | 500.00 |
| D5213 | Upper Partial Cast Base Acrylic Saddles | 742.34 | D6721 | Crown Resin with Predominantly Base Meta | 500.00 |
| D5214 | Lower Partial Base Cast Base with Acrylic | 742.34 | D6722 | Crown Resin with Noble Metal (Semi-Precio | 500.00 |
| D5225 | Max Partial Denture, Flex Base | 660.65 | D6751 | Crown Porcelain Fused to Base Metal | 500.00 |
| D5226 | Mand Partial Denture, Flex Base | 660.65 | D6752 | Crown Porcelain Fused to Noble Mental (SE | 500.00 |
| D5281 | Removable Unilateral Partial Denture | 273.99 | D6791 | Crown Full Cast Predominantly Base Metal | 500.00 |
| D5410 | Denture Adjust, Complete Upper | 32.28 | D6792 | Crown Full Cast Nobel Metal (Semi-Preci | 500.00 |
| D5411 | Adjust Complete Denture-Lower | 32.28 | D6794 | Crown, Titanium | 500.00 |
| D5421 | Adjust Partial Denture-Upper | 19.87 | D6930 | Recement Bridge | 63.33 |
| D5422 | Adjust Partial Denture-Lower | 19.87 | D6970 | Cast Post and Core in Addition to Bridge | 123.06 |
| D5510 | Repr Broken Complete Dent Base | 83.19 | D6971 | Cast Post As Part of Fixed Partial Denture Retainer | 78.27 |
| D5520 | Replace Missing/Broken Teeth-Complete | 68.29 | D6972 | Prefabricated Steel Post and Core in Addi | 110.27 |
| D5610 | Brkn Dntur Aeylic Saddle or Base | 83.19 | D6973 | Core Buildup Retainer | 110.27 |
| D5620 | Repair Cast Framework | 120.47 | | | |
| D5630 | Repair or Replace Broken Clasp | 115.48 | | | |
| D5640 | Brkn Dntur Replace Teeth Only | 109.27 | | | |
| D5650 | Dntr Pry Add Tooth Not Abutmt | 95.63 | | | |
| D5660 | Dntur Prt Add Clasp To Partial Dentures | 115.48 | | | |

| Code | Description | Fee | Code | Description | Fee |
|-------------|---|------------|-------------|---|------------|
| D7111 | Coronal Remnants – Deciduous Tooth | 18.41 | D7880 | occlusal Orthotic Devise, By Report | 391.41 |
| D7140 | Extraction, Erupted Tooth or Exposed Root | 69.00 | D7960 | Frenulectomy | 340.26 |
| D7210 | Surgical Rmvl of Erupted Tooth | 128.00 | D7963 | Frenuloplasty | 368.04 |
| D7220 | Remvl Impacted, Soft Tissue | 154.00 | D7970 | Arch | 163.90 |
| D7230 | Remvl Impacted, Partially Bony | 213.00 | D7971 | Excision of Pericoronal Gingiva | 86.92 |
| D7240 | Remvl Impacted, Completely Bon | 247.00 | D7972 | Surgical Reduction of Fibrous Tuberosity | 163.90 |
| D7241 | Removal of Impacted Tooth – Completely Bony with Unusual Surgical Complications | 266.00 | D8020 | Limited Orthodontic Treatment of the Transitional Dentition | 331.57 |
| D7250 | Surg Rem. Residual Tooth Roots | 128.00 | D8030 | Limited Orthodontic Treatment of the Adolescent Dentition | 331.57 |
| D7260 | Oroantral Fistula Closure | 382.38 | D8040 | Limited Orthodontic Treatment of the Adult Dentition | 331.57 |
| D7261 | Primary Closure of a Sinus Perforation | 184.02 | D8080 | Comprehensive Orthodontic Treatment of Adult Dentition | 1403.70 |
| D7270 | Replantation Single Tooth | 337.43 | D8210 | Removable Appliance Therapy | 202.46 |
| D7280 | Surg Exposure of Impacted tooth | 271.00 | D8220 | Fixed Appliance Therapy | 245.88 |
| D7282 | Mobilization or Erupted or Malpositioned Tooth to Aid Eruption | 125.42 | D8660 | Case Records (For Denied ortho Cases) | 200.00 |
| D7283 | Placement, Device to Aid Eruption | 99.00 | D8670 | Quarterly Adjustments submitted with claims | 701.84 |
| D7285 | Biopsy of Oral Tissue, Hard | 81.95 | D8999 | Unspec. Ortho procedure | By Report |
| D7286 | Biopsy of Oral Tissue, Soft | 81.95 | D9110 | Palliative Treatment | 48.43 |
| D7288 | Brush Biopsy | 61.35 | D9220 | General Anesthesia | 128.00 |
| D7310 | Alveoloplast, conjunct w/ Extract | 101.84 | D9221 | General Anesthesia, add | 64.00 |
| D7311 | Alveoloplasty in Conjunction with Extractions – Per Quad | 49.08 | D9230 | Analgesia | 33.74 |
| D7320 | Alveoloplasty–No Extractions | 171.38 | D9241 | Intravenous Sedation – First 30 Minutes | 110.00 |
| D7321 | Alveoloplasty, W/O Ext | 85.88 | D9241 | Intravenous Secation – Each additional 15 Minutes | 50.00 |
| D7450 | Removal of Benigh Odontogenic Cyst or Tumor – up to 1.25 cm | 142.14 | D9248 | Non-intravenous Sedation | 110.00 |
| D7451 | Removal of Benigh Odontogenic Cyst or Tumor – greater than 1.25 cm | 161.01 | D9310 | Professional Consultation | 83.19 |
| D7460 | Removal cyst/tumor-lesion <=1.25cm | 142.14 | D9420 | Professional Hospital Call | 64.56 |
| D7471 | Removal of Lateral Exostosis (Maxilla or Mandible) | 171.38 | D9440 | Office Visit After Hours | 32.28 |
| D7472 | Removal of Torus Palatinus | 245.40 | D9610 | Therapeutic Drug Injection | 19.87 |
| D7473 | Removal of Torus Mandibularis | 171.38 | D9630 | Other Drugs and.or Medicaments, By Report | 19.87 |
| D7485 | Surgical Reduction of Osseous Tuberosity | 171.38 | D9910 | Apply Desensitizing Medication | 32.28 |
| D7510 | Abscess Intraoral I and D | 31.04 | D9920 | Behavior Management No Medication | 68.50 |
| D7511 | Incision, Drainage Intra – Com | 68.00 | D9930 | Treatment of Complications (Postsurgical) | 33.52 |
| | | | D9940 | Occlusal guard, by report | 200.00 |
| | | | D9999 | Unspecified Treatment | By Report |